

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036929

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2728

FILED OCT 11 1962

1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KIRKWOOD

Length of stay in 1b
3 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY ST. LOUIS

c. CITY OR TOWN KIRKWOOD

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
444 E CLINTON

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
WARREN FRANCIS BAKER, SR.

4. DATE OF DEATH
Month Day Year
SEPT. 20, 1962

5. SEX
M

6. COLOR OR RACE
W

7. Married: ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
1/18/1899

9. AGE (last birthday)
63

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired)
REF. CIVIL ENG.

10b. KIND OF BUSINESS OR INDUSTRY
STATE OF MASS.

11. BIRTHPLACE (City and state or country)
DORCHESTER, MASS

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

HARRY A. BAKER

13b. MOTHER'S MAIDEN NAME

GEORGIANA EATON

14. NAME OF HUSBAND OR WIFE

EDITH I. BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT
Address
WARREN BAKER, JR. KIRKWOOD

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis

DUE TO (c)

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary occlusion in fact

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/31/62 to 9/20/62 and last saw him alive on 9/20/62
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
J. H. Bennett, M.D.

22b. ADDRESS

1041 1/2 Massachusetts St.
Woburn, Mass.

22c. DATE SIGNED

9/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

23b. DATE
9/22/62

23c. NAME OF CEMETERY OR CREMATORY
MOUNT HOPE CEMETERY

23d. LOCATION (City, town, or county)
BOSTON, MASS.

(State)

24. FUNERAL DIRECTOR

ADDRESS
PFITZINGER MORTUARY, KIRKWOOD, MO.

25. DATE RECD. BY LOCAL REG.

9-21-62

26. REGISTRAR'S SIGNATURE

John H. Murphy, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herbert J. Lane Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.